

Care Coordination Use Cases

Behavioral Health and General Practitioners

Today in Illinois, behavioral health and general practitioners are exchanging patient health records electronically to coordinate the delivery of care and treatment. Mental health and substance use treatment providers are at the forefront of using secure email, ILHIE Direct, to send patient information faster than ever before and in compliance with federal and state privacy laws and regulations.¹

These three real-life examples (or Use Cases) demonstrate how secure, electronic data sharing is replacing paper-based processing and fax machines, saving staff time and expediting service delivery to patients. Each use case shows how patients can be referred to appropriate treatment, and even crisis intervention, in hours and days shorter than previously. Providers are now able to spend more time on care and treatment or serving new clients.

Use Case: Youth in Mental Health Crisis (SASS)

Primary Organization

Lutheran Social Services of Illinois (LSSI) offers services that include mental health, substance abuse, foster care, nursing care and more. LSSI served over 108,000 people in 2012, with 85 sites across Metropolitan Chicago, northern, central and southern Illinois. LSSI is also a project site for the Screening Assessment and Support Services (SASS) Program, a state-funded crisis intervention program. SASS is a community-based stabilization service for youth aged 0-21, serving Medicaid clients, uninsured patients and DCFS wards, who are assessed for intervention and treatment when exhibiting behavior that is harmful to themselves or others. In 2012, LSSI had 772 clients participating in the SASS program.

Exchange Partner Organizations

Hartgrove Hospital, Chicago Children's Center at St. Elizabeth and St. Mary's, Streamwood Behavioral Health – all of which provide inpatient mental health services.

¹ Due to the recent enactment of new legislation in Illinois, physicians and behavioral health providers can now exchange mental health information for the purposes of care coordination among an integrated health system or interdisciplinary team as well as in the context of interagency coordination that support patient care and treatment without prior patient authorization.

Use Case Description at Assessment and Admission

- LSSI counselor assesses patient and provides care summary and medication lists to inpatient hospital programs where the patient will be admitted
- LSSI and partner hospitals exchange information to support admission to inpatient hospital stay and patient discharge

Before ILHIE Direct

During a crisis LSSI counselors had to transmit assessments conducted in the field to inpatient programs via fax. Counselors had to return to the office to fax assessments and medication. This lengthy, redundant paper-based process could delay the transmission of assessments up to 3 days.

Key steps involved in this process include:

- Complete psych assessments in the field on paper
- Re-enter the information into their EHR system when back in the office
- A paper copy goes to the hospital in an ambulance with the youth
- Once received, hospital staff scans the information for their records

Service Challenges at Admission

- The assessment required triple-entry: once when the counselor prepared it, then had to enter it in the EHR back at the office, and then again at the hospital at the point of ongoing care.
- Hospitals did not always receive the assessment when it was given to the patient or patient's family to submit.
- Confidentiality of sensitive information is challenging to maintain when it is transported in a paper document.

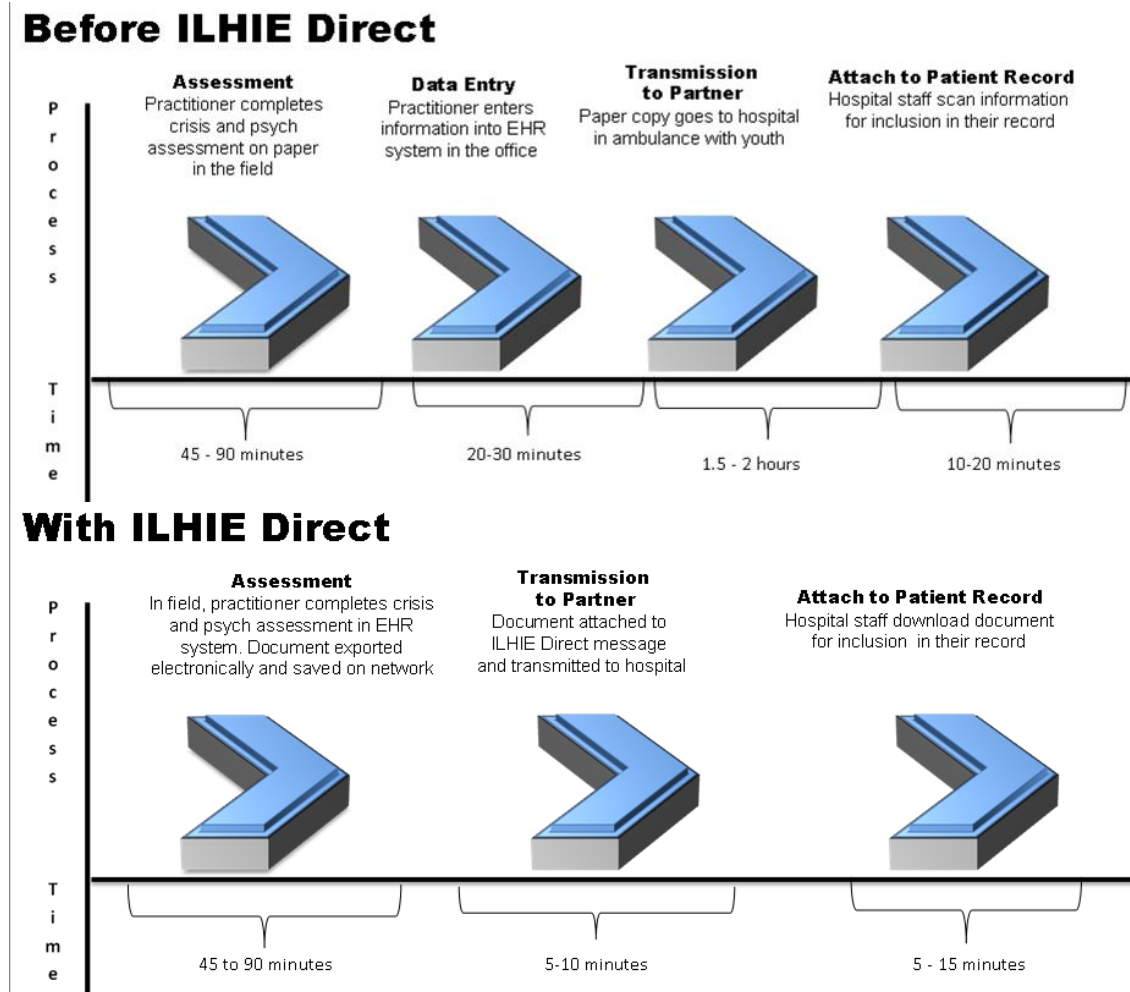
After Implementing ILHIE Direct

LSSI modernizes the SASS program by providing remote access to the EHR for its counselors and introducing ILHIE Direct, secure email, with its counselors and partners.

During a crisis, counselors can access their EHR from anywhere and complete psych assessments directly into their EHR system from the field. The assessment is exported electronically and attached to an ILHIE Direct message and transmitted to the hospital. Then, the hospital downloads the document for inclusion in the patient record.

Time Saved: 1.5 hours per case (1,251 hours per year for approximately 770 cases)

Figure 1: Youth in Mental Health Crisis at Admission



Use Case Description at Discharge

Primary Organization

Lutheran Social Services of Illinois

Exchange Partner Organizations

Hartgrove Hospital, Chicago Children's Center at St. Elizabeth and St. Mary's, Streamwood Behavioral Health – all of which provide inpatient mental health services.

Before ILHIE Direct

Transmitting discharge instructions from the inpatient hospital to LSSI involved several steps, particular for LSSI as it incorporated the discharge summary into its EHR system through multiple steps involving scanning and uploading faxes to the system, before finally shredding the paper documents. This process of

sending a discharge summary and making it available to all key staff at LSSI could take upwards of 5 days.

Key steps involved in this process include:

- Inpatient hospital sends clinical chart containing discharge instructions to its Records Department, which then faxes the information to LSSI
- Supervising staff at LSSI receive the fax, create a PDF, save it to the network, and finally uploads the scan to the patient's record in the EHR

Service Challenges at Discharge

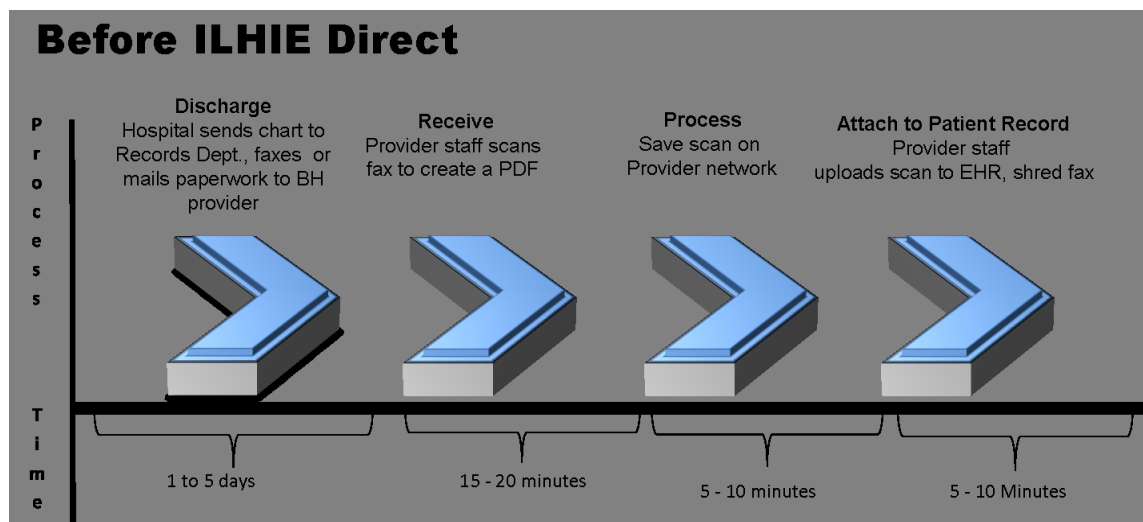
The process of transmitting the discharge summary to LSSI and then making it available to LSSI staff involved too many points where delays occurred, since it could take upwards of 5 days to be received and fully integrated into LSSI system. This lengthy process often meant that all LSSI staff did not have access to relevant patient information at the time of discharge, which is typically a critical point in the transition of care for individuals, and youth in particular, experiencing a mental health crisis.

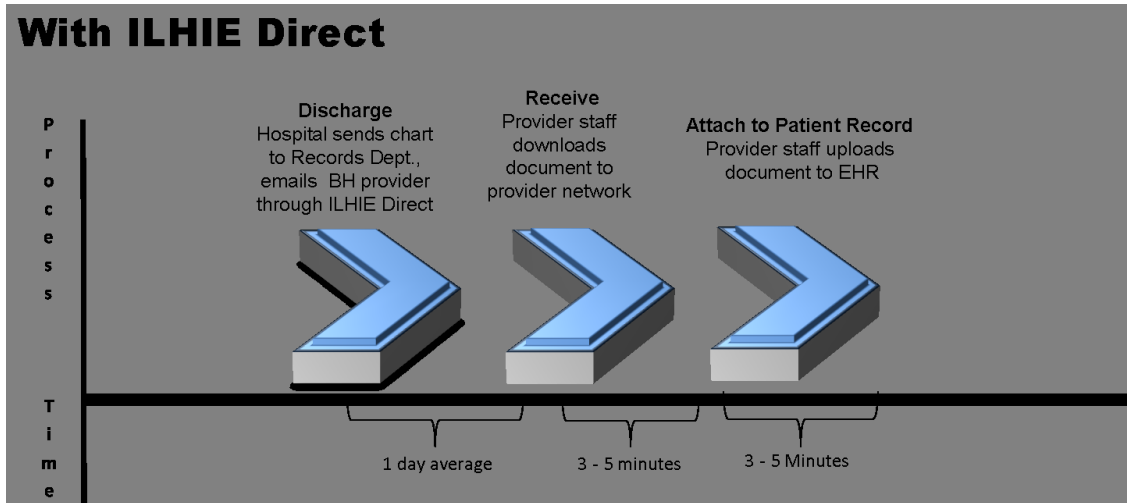
After Implementing ILHIE Direct

LSSI can incorporate the hospital's discharge summary into the EHR quickly, upon receipt of the document via ILHIE Direct. The inpatient hospital partner now regularly sends the discharge instructions within one day.

Time Saved: 35 minutes per case of internal processing time for LSSI (449 hours per year for approximately 770 cases)

Figure 2: Youth in Mental Health Crisis at Discharge





Total Time Saved: Over 2 hours per case (1540 hours per year for approximately 770 cases)

Business Case:

- Hospital receives assessment quickly and securely before the patient arrives for admission
- Treatment collaboration is more efficient now that documents can be available at a moment's notice
- Documents are now available after assessment and discharge at any time to key staff, and documents are available immediately
- Redundant paper-work during a crisis is eliminated as well as unnecessary steps of converting electronic documents to paper, then back again
- Data exchanged through ILHIE Direct is more secure than a fax and more reliable than a patient hand-off
- ILHIE Direct provides an audit trail for all partners
- There is no need for scanning, shredding and physical space for document storage
- LSSI is now able to share diagnosis and medication information for active clients with the hospital through the patient's electronic record

Use Case: Mental Health Triage in the Emergency Department

Primary Organization

Mental Health Centers of Central Illinois (MHCCI) is a private, not-for-profit organization providing comprehensive behavioral health and rehabilitation services. MHCCI is one of the largest behavioral health providers in central Illinois and served 9,163 clients in 2011. It is also an affiliate of Memorial Health System.

Exchange Partner Organization

Memorial Medical Center (MMC) is based in Springfield, Illinois, has nearly 5,900 staff members and has been serving the area since 1897. Annually, it serves an average of 27,900 inpatients, more than 612,000 outpatients and more than 96,000 patients in three Emergency Departments.

Before ILHIE Direct

Use Case Description

- ED faxes a signed patient release (consent form) to MHCCI to allow for the sharing of any mental health records that may exist on that patient²
- MHCCI in turn faxes paper mental health records to the ED, which then needs to scan the records into their EHR
- Upon discharge, the hospital ED faxes the care plan and all discharge paperwork to the appropriate referral organization, which is typically MHCCI for outpatient treatment

Service Challenges during Assessment and Admission

When a patient at Memorial Hospital's ED presents with mental health symptoms, the process for Memorial to make an initial inquiry for potential records at MHCCI was often time consuming and paper intensive, as was the process for discharge to outpatient services.

After Implementing ILHIE Direct

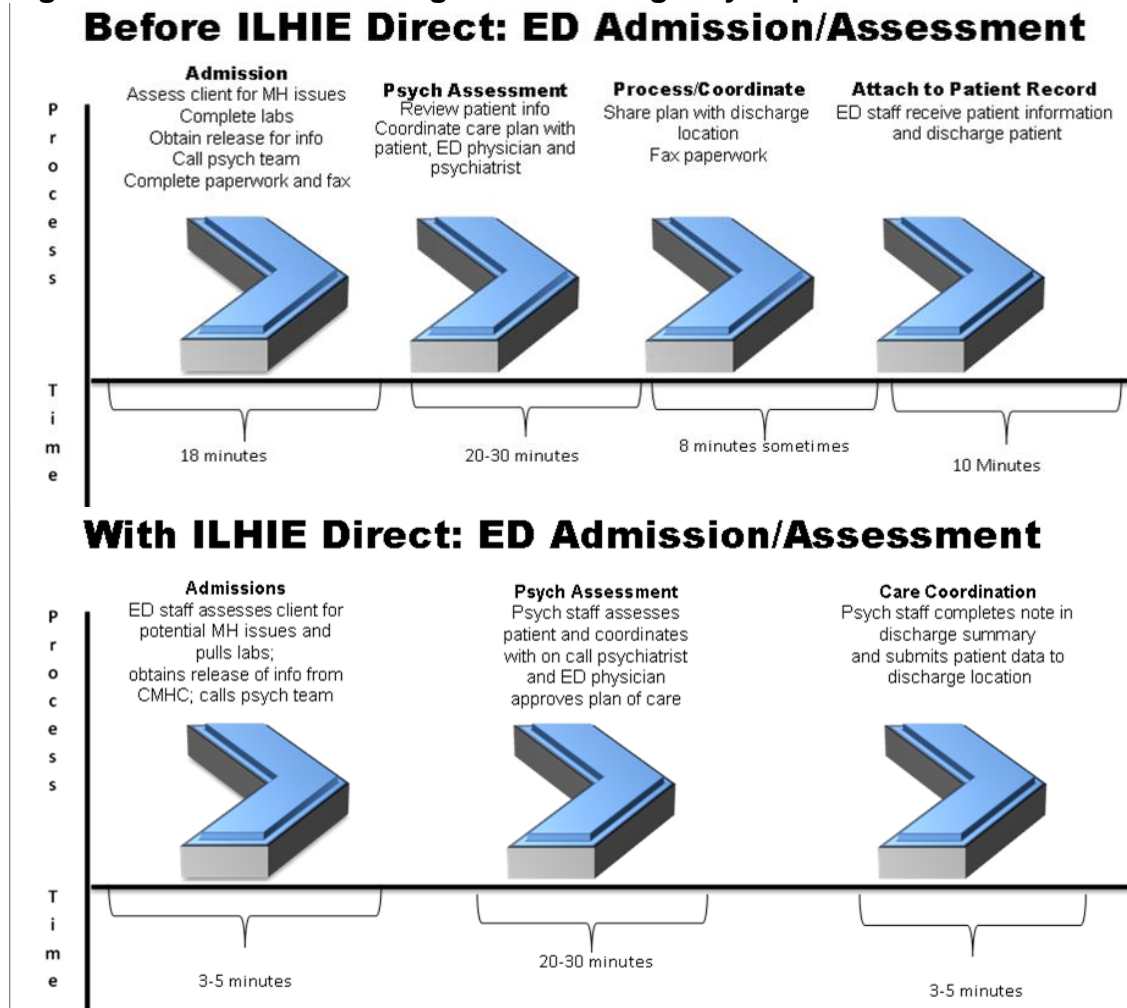
Seeking to streamline the process for triaging individuals presenting with mental health symptoms at the ED, MHCCI developed a plan to introduce ILHIE Direct and convert the ED psych assessment into an electronic format. In addition, they worked with Memorial to migrate patient authorizations/consent workflow to the hospital's health information management staff, freeing up time for ED nurses to devote to patient care.

² This process took place before Illinois modernized the mental health confidentiality act. Today, this consent is no longer needed for care coordination. However, if Memorial and MHCCI implement patient query based services of the HIE, then patients with mental health information in their records must be offered an opt-out of sharing records in this manner.

- ED sends patient release to MHCCI electronically through ILHIE Direct. MHCCI sends scanned electronic records to ED electronically - no faxing
- Upon discharge, ED sends discharge information and its electronic psych assessment via ILHIE Direct to MHCCI or other referral organization, which then uploads the document into its EHR.

Time Saved: 20 minutes per case (667 hours per year for approximately 2,000 cases)

Figure 3: Mental Health Triage in the Emergency Department



[Note: CMHC refers to community mental health center]

Service Challenges at Discharge

Primary Organization

Memorial Medical Center

Exchange Partner Organization

Mental Health Centers of Central Illinois (MHCCI)

Before ILHIE Direct

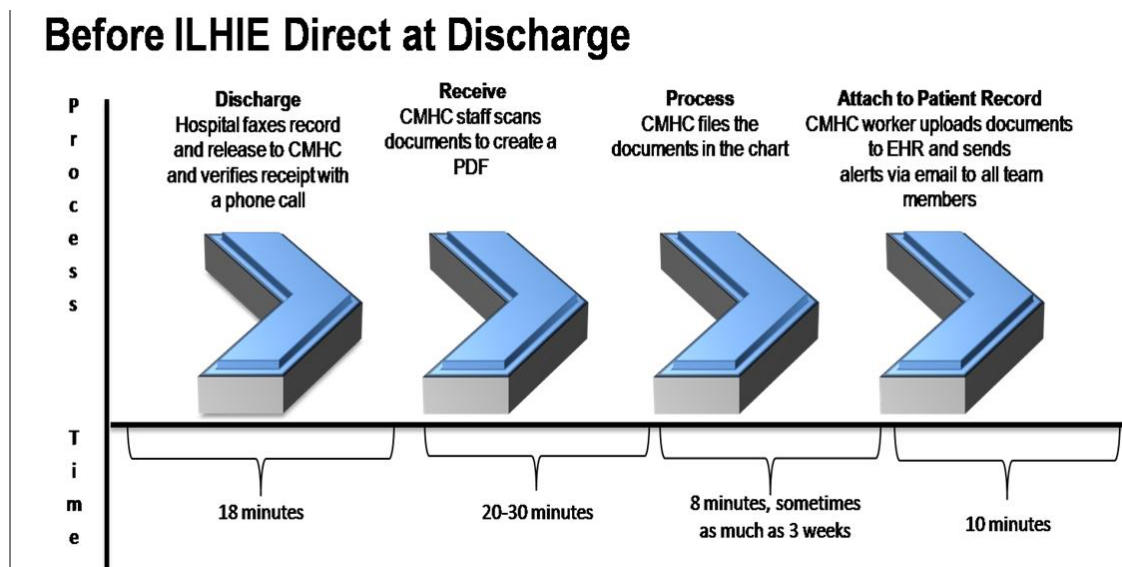
Memorial faxed all discharge records to MHCCI, which then scanned documents to create PDFs, attached the documents to the patient record in the EHR and sent alerts via email to team members

After Implementing ILHIE Direct

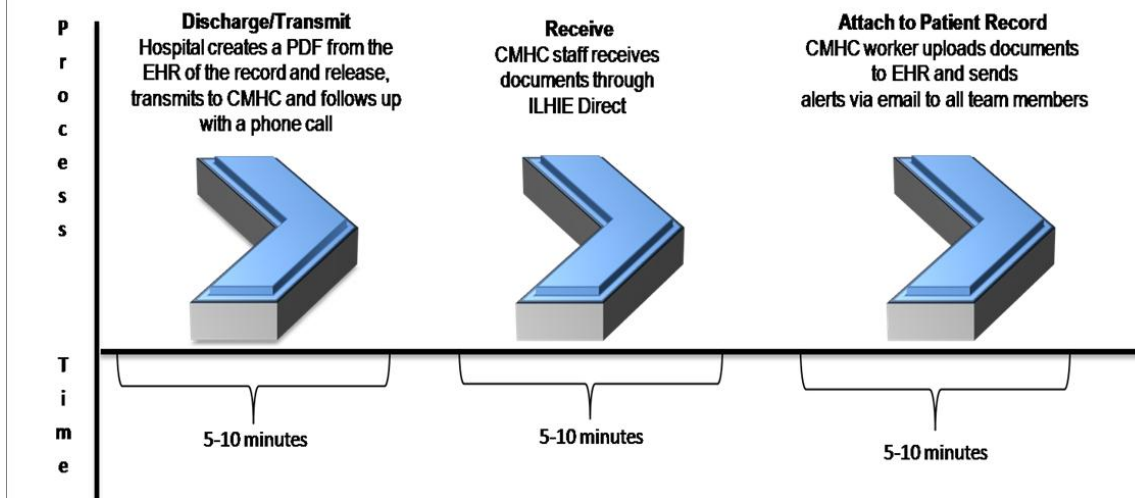
- Memorial creates PDF of patient discharge record and sends it to MHCCI via ILHIE Direct, which then uploads documents into the EHR and sends alerts to team members to prepare for a patient's first consultation
- All documents are available at first encounter

Time Saved: 16 minutes per case (533 hours per year for approximately 2,000 cases)

Figure 4: Mental Health Triage in the Emergency Department



With ILHIE Direct at Discharge



Business Case

- Immediate notification of patient ED visit and/or hospitalization to MHCCI, the community mental health center
- ED nursing staff no longer spends time on faxing patient consents and other documents and now has more time for direct patient care
- Memorial Hospital health information staff now process and manage patient consent documentation, centralizing document management
- New electronic psych assessment eliminates redundant activities that arise from paperwork
- Records are now available electronically and staff can now consult patient information during evenings and weekends
- Decreased paperwork (less copying, faxing, searching paper records)
- Faster turnaround time
- Better tracking and reporting of health outcomes among partners
- More timely and efficient services

Total Time Saved: 36 minutes per case (1200 hours per year for approximately 2,000 cases) or full time staff equivalent of approximately 60% based on a 2,000 hour staff year

Use Case: Referral Process for Medical Evaluation for Methadone Maintenance

Primary Organization

New Age Services – Behavioral Health provider, primarily Methadone Maintenance. It provides mental health screening, assessment and counseling, domestic violence services and HIV counseling/testing/education. It is located in North Lawndale on Chicago's west side. 70% of patients reside within 2 miles of the clinic.

Exchange Partner

Caritas provides comprehensive services to clients, including medical examinations, labs and clinical assessments for substance abusing clients entering publically funded treatment programs.

Use Case Description

Referring a methadone patient to Caritas for the initial medical examination to establish baseline information regarding the participant's health

Before ILHIE Direct

Service Challenges

A client showed up at New Age Services, a methadone clinic, and through a phone call was referred to Caritas for a medical exam. Client presented at medical clinic with paperwork in hand. Caritas faxed New Age Services a medical exam confirmation. Weekly, the staff at New Age Services drove to the medical clinic to retrieve exam documents. This process on average took seven days to complete. If a client came to New Age Service too close to the time of shuttling paperwork back and forth to Caritas, the patient sometimes would wait up to 10 days to receive the results of the medical exam.

This process was time intensive for staff; attenuated the hand-off from clinical to medical exam and back again; and exposed paperwork to breach risks for patient confidentiality.

After Implementing ILHIE Direct

Working together, New Age Services and Caritas introduced ILHIE Direct to reduce the time involved in processing the request for and results of a medical exam. By doing so, they are now able to support a "warm hand-off" and eliminate any confidentiality risks. Here's how it works:

- Client presents at New Age Services and receives an appointment for the medical exam, which is confirmed using ILHIE Direct
- Caritas conducts the exam and sends the results back within 2 – 4 days of the initial request via ILHIE Direct
- New Age Services distribute exam and labs to appropriate parties

Time Saved: At least 4 days (staff no longer drives documents)

Business Case

- New process established quickly with few problems
- Significant staff time savings in transporting patient health information to and from Caritas
- Medical documents can be attached to electronic record
- Methadone clinic staff have quicker access to medical/lab results and more time to spend with clients
- Eliminates risk of exposing PHI during transition

Figure 5: Medical Evaluation for Methadone Maintenance

